



Please return this form to the:
City of Garden City
P.O. Box 998
Garden City, KS 67846
Fax Number: 620-276-1169

Enclose any photos, correspondence or comments relative to this claim.

Date of this Report: _____

Person filing this notice: _____ Phone: _____

Address of Loss: _____

City: _____ State: _____ Zip: _____

Date of Loss: _____ Time of Loss: _____

Type of Loss: Fire _____ Wind _____ Electrical _____ Water _____

Sewer _____ Other _____

Cause of Loss (if known): Carelessness _____ Defective Equipment _____

Other _____

Description of Loss (including apparent number of units damaged): _____

Estimate of damage: \$ _____ Reported to Police or Fire Department: Yes ___ No ___

Name of person/firm who estimated damage: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____

Comments: _____
